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CLINICS.

CLINICAL LECTURE.

Clinical Lecture on a Case of Death from Chloroform.—By Dr. BILLROTH, Prof. Surgery at the Vienna University.

It is customary to divide chloroform-narcosis into certain stages, but these, both in regard to the mode and the rapidity of their sequence, vary much in different individuals. In the first stage, the patients are usually thrown into a state of *excitement*, which chiefly influences the psychical and motory spheres, for I know of no case in which excitement of the sensitive nerves through chloroform has produced hyperæsthesia. In only quite exceptional cases are the nerves of the senses abnormally excited, and subjective personations induced. Commonly, the motory stimulation is so combined with the psychical that mental images are conjured up, in consequence of which the individuals conceive the idea that they are fettered or impeded in their actions, and execute movements for their liberation. The psychical stimulus exhibits itself in various ways in different individuals, just as drunkenness will render one man quarrelsome or violent, another loving and maudlin, and a third melancholy. Purely individual conditions thus exert great influence. The motory effects, besides the struggles due to psychical influence, are chiefly of a spasmodic character, exhibiting themselves in convulsive movements of the muscles of the extremities, and especially of the muscles of deglutition and mastication.

Anæsthesia commences in this stage, but the patients are usually restless, and sometimes so unmanageable as to require to be restrained by three or four men, so that any of the more delicate operations could not be

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undertaken. When I inhale chloroform myself, I am sensible at this stage of a tremendous feeling of internal restlessness, vibration and beating at the fingers' ends, and of an overpowering sense of the loss of all capacity of will or action. So little tractable are most patients in this stage that we have to carry them into the next—that of *tolerance*. The convulsions cease, and there is muscular quietude. The mental disturbances continue, but they have lost their connection with the motory apparatus. The condition of dreaming is set up, and, just like in sleep, when the narcosis is slight, vivacious images are attended by movements; when this is deep, all spontaneous motion ceases. This condition of deep sleep is the most favourable one for operations, and the one we seek to maintain.

To this succeeds the *paralytic* stage, in which all traces of the power of movement have ceased; for while during the stage of tolerance reflex movements are not infrequently met with, now there is absolute rest. Only breathing and the heart's pulsation continue, and if the narcosis be too prolonged even these will become paralyzed. The possibility of making a practical use of chloroform depends entirely upon the fact that the muscles of the extremities and of the trunk are first; and those of the heart and respiration last paralyzed. This paralytic stage is seldom resorted to for therapeutical purposes, and it is so chiefly for the reduction of old dislocations or the rupture of anchyloses. Between this paralytic stage and paralysis of the heart there is, however, always a large interval, the passage of the one into the other not usually taking place suddenly. The cessation of respiratory activity is announced first by stertor, and then by irregularity or incompleteness of the respiratory movements; and that of the heart by the gradually approaching feebleness and slowness of the pulse—the respiration ceasing prior to the action of the heart.

The practical rules for the employment of chloroform are founded upon the observation of these stages in thousands and thousands of cases. Yet there are individuals who, standing apart from all such rules, after a few inhalations quickly perish. It is said of such that they have an idiosyncrasy as regards chloroform. And there is no reason why this should not be the case, or that all persons should be alike sensible to the action of chloroform, while the various other narcotics act so differently on different individuals. Enormous individual differences, in fact, exist as to sensibility to the action of poisonous substances employed as medicines. Thus, I am attending a lady in whom one-eighth or one-sixteenth of a grain of morphia excites such suffering, uneasiness, and vomiting, that, in spite of the severest pain, she dares not take it; and yet upon any of us such a dose would produce scarcely any effect. Another patient, for whom a mixture of half a drachm of iodide of potassium in six ounces of water was ordered, after every spoonful was seized with aphonia and a splitting headache, and when I persuaded her to continue the medicine, after a few spoonfuls the entire head became erythematous, and weeping, discharge from the nares, with cough, etc., ensued. So belladonna, in the dose of $\frac{1}{120}$ grain, may induce symptoms of poisoning. In cases in which individuals manifest such excessive sensibility to chloroform that a few inhalations prove fatal without any premonitory symptoms, we are powerless, although even in these artificial respiration must not be neglected. Much stress is laid upon the purity of the chloroform employed, and rightly so; but whether impurity produced by products of decomposition is dangerous has not been proved. Chloroform that has been kept long and exposed to the light always contains free hydrochloric acid and chlorine, and although this may not be dangerous, it should not be employed, for patients cannot inhale it, as it immediately induces severe coughing, burning in the throat, and constriction of the larynx. These symptoms, as well as one's own sense of smell, lead us to reject it. Whether some material that is specifically dangerous is generated in chloroform by long keeping is unknown; but that chloroform is very variable, both in its smell and its effects, no one can doubt who has had much to do with it.

Danger may arise in all the stages of chloroform-narcosis. During that of excitement violent muscular efforts may give rise to apoplexy, especially in individuals with disease of the heart, rigid arteries, or emphysema. Of most consequence in this stage, however, are the contractions of the muscles of mastication and the posterior muscles of the tongue. By means of the stylo-glossi and the glosso-pharyngei, the tongue is drawn spasmodically backwards, pressing the epiglottis down so as to me-

chanically close the aperture of the larynx. Such patients become blue in the face, and die suffocated, not through the direct action of the chloroform, but from the mechanical privation of air. Such cases have been often observed in the Clinic, rendering it necessary to force open the mouth with Heister's speculum and draw out the tongue. When the narcosis is continued too long, there is danger of paralysis of the heart and sudden collapse. It is a rule not to prolong the narcosis when the upper eyelid allows itself to be raised without any muscular resistance. Individuals in which this can be done only at a late period, or perhaps not at all, and in whom a paralytic condition of the respiration takes place simultaneously with muscular quietude of the extremities (which happens especially in drunkards), require to be watched with the greatest care. There are subjects in whom complete muscular quietude can never be attained. Before the utter stagnation due to paralysis of the heart and respiratory muscles is brought about, there are changes due to the paralysis of the muscles of the face to be observed. The jaw sinks, the features become corpse-like, and the face pale, and we have the facies Hippocratica before us; and so characteristic is this change of physiognomy that, once seen, it can never be forgotten. It is therefore of the greatest importance that the face of the patient should be well watched. Another warning sign is that the blood, during an operation, ceases to flow from the arteries or is of a dark blue colour.

The case we met with yesterday does not, in my opinion, belong to this category, as it did not give the impression so much of a case of intensely aggravated chloroform poisoning as of one of sudden collapse—a view rendered probable also by the very anæmic condition of the individual. This man, twenty-six years of age, but looking much older, had, while drunk, cut his finger with a china pot, and, according to account, lost a great deal of blood. At all events, when he came to the hospital two or three days after, his anæmic appearance was remarkable, and this condition was further shown by his excessive sensibility to pain, leading to the belief that one of the digital nerves might be exposed. It was on this account chloroform was given, and all at first went on as usual. Convulsive movements ensued, and, as during these, neither an examination nor operation can properly be performed, the chloroform was continued, with the object of attaining the stage of tolerance. But as soon as the convulsive movements had ceased, the patient assumed the appearance of a corpse. The mouth was opened, and the tongue drawn out in the belief that closure of the larynx had produced the effects observed. This did no good, and the contraction of the stylo-glossi and the constrictores pharyngis prevented the passage of a catheter into the larynx. Tracheotomy was at once performed, and a canula passed in, but all in vain. The narcosis had lasted a very short time, and, at the autopsy, there was scarcely any smell of chloroform. Evidently, a sudden collapse had occurred, his condition giving the impression of a deep swoon. It is a rare thing for a healthy man to die during syncope, although this happens with old people and during convalescence, and especially after pneumonia. Death from sudden collapse is also met with after typhus. I am under the impression that the present case was one of such collapse, occurring during the narcosis, in consequence of anæmia. Generally there is not much learned from the autopsies of those who die from narcosis. The blood is pretty constantly found not to be coagulated, and sometimes of a cherry-red appearance. This non-coagulation of the blood gives rise to numerous consequences, which formerly were supposed to be characteristic of death from chloroform, such as hyperæmia of the posterior part of the lungs, kidney, and spinal marrow, etc., which are really post-mortem appearances due to the fluidity of the blood. In the present case these appearances were present, although the heart and large arteries were strongly contracted, and almost empty of blood. The heart is found in different conditions. In animals it is commonly dilated, especially the right ventricle, but in the present case, as in all anæmic subjects, it was strongly contracted. There is no distinctive sign of death from chloroform, and if an individual were killed by it, and no other non-medical proof of this existed, the anatomist would not be in a position, from the condition of the body, to declare that this had been the case. Even the odour of chloroform is a worthless sign, for Rokitansky states that the brain especially sometimes gives out an odour exactly like that of chloroform without any ground for supposing that this substance had been employed.

With respect to the administration of chloroform, the employment of the chloroform inhaler constitutes the best, the quickest, and most convenient mode. The singular idea that a mixture of chloroform and ether is less dangerous than either of these substances used separately has been abandoned. Above all things, never administer chloroform alone, but always have at least one assistant with you. When there is rattling in the throat, blueness of countenance, and irregularity of breathing, remove the apparatus, and throw open the windows and doors so that plenty of air may gain access to the patient, which is further to be aided by forcing the mouth open and drawing forth the tongue—a manœuvre often attended with the best effects. Let the patient, and especially if there are not plenty of assistants at hand, always be in the lying, not the sitting, posture. The dashing the surface with cold water or applying ammonia can only be of service when the narcosis is slight enough to admit of the excitement of reflex movements; but in the paralyzed condition all such means are only a dangerous loss of time. Here artificial respiration must be at once resorted to, and executing this by mouth to mouth, with compression at the lower part of the thorax, is a preferable procedure to Marshall Hall's method. It is true that in this mouth-to-mouth procedure much of the air passes into the stomach; but the plan, with all its disadvantages, is found practically useful, and, at all events, resorting to it is better than doing nothing. The access of air may be facilitated by passing a catheter into the larynx, which, in the paralyzed condition, is as easy as after death. A great part of the air passes out again by the side of the catheter, but a considerable portion enters the lungs in tolerable force. When the catheter cannot be introduced, tracheotomy should at once be performed, and a large canula passed in. Artificial respiration must be exercised in a regular rhythmical manner, and its efficacy as much depends upon the respiratory movements being forcible enough as upon the admission of the oxygen to the blood. In this case, artificial respiration was continued for half an hour; but really after from ten to fifteen minutes of inefficacious efforts all hope had ceased. The duration of the asphyxia is not, however, always easily estimated; for at such a time the watch is not looked at, and seconds become minutes and minutes hours Stimulating the phrenic nerve by means of electricity is undoubtedly a useful means for exciting the respiratory movements; but unfortunately an apparatus is seldom ready when wanted.

Fortunately, we may regard death from chloroform as a very rare occurrence, and one becoming more rare every year. Reckoning that, during my fifteen years of clinical teaching and the two last years of my student life, I have been present at two administrations of chloroform per diem (which is a low and certainly not an exaggerated estimate), I shall have witnessed 12,500 cases of narcosis, and this is the first fatal one I ever saw. We must regard chloroformization as an operation by means of a chemical agent, as with arsenic, chloride of zinc, etc., and compare its results with those of other minor operations. I am convinced that the mortality statistics after the application of leeches, blistering, cupping, and bleeding (through erysipelas, hospital gangrene, tetanus, etc.), is greater than 1 in 12,500; but no one on that account has thought of prohibiting these means, and the use of chloroform cannot be prohibited because of these seldom-occurring fatal cases. The psychical impression which such a death produces is, by its very suddenness, a very powerful one, and exerts especial influence upon those who have not been accustomed to see men die before their eyes. Unfortunately, we have in surgery only too often occasion to be convinced of the incompleteness and the impotence of our present amount of knowledge. A mere cut of a finger, especially if this opens into a joint or the sheath of a tendon, may give rise to phlegmonous inflammation, which during the last twenty years has caused far more deaths than chloroform. Urged by the patient's vanity, we remove a small tumour from a man's scalp, and he dies of erysipelas, or another dies from tetanus brought on by some slight injury—perhaps only the prick of a thorn; and, as regards the cause and action of these circumstances, we are as ignorant we are regarding death from chloroform.

But while such cases are sad to reflect upon, they should not, any more than the one of yesterday, lead us to despair in our art and means of investigation, nor to settle down in desponding resignation. Let them act as a great warning cry of nature, rousing

us, ashamed of our hitherto pigmy efforts, to renewed action and restless labour.—*Med. Times and Gaz.*, Nov. 28, 1868.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Puerperal Convulsions.—Dr. FORDYCE BARKER, in a clinical lecture recently delivered at Bellevue Hospital, summed up our knowledge on this subject as follows:—

First, That we have puerperal convulsions arising from uræmia, caused by Bright's diseases of the kidneys.

Second, That we have convulsions associated with congestion of the kidneys and albuminuria, but it is not yet proven that the convulsions and the renal congestion bear the relation of cause and effect.

Third, That we have convulsions that arise from reflex irritation and congestion of the true spinal system, without evidence of any renal affection.

In relation to one point in the treatment, viz., the delivery of the child, the principle which should govern us is this: Whenever delivery by art can be effected with less irritation than would be produced by the continuance of the child in the parturient canal, it should be resorted to.—*Med. Record*, Nov. 16, 1868.

Case of Congenital Imperforate Rectum, successfully treated without a cutting Instrument.—Dr. J. D. B. STILLMAN (*California Med. Gaz.*, July, 1868) was called to see a male child four days old, who had not had an evacuation of the bowels, had worried much, and was now almost continually vomiting. The point of a catheter could be carried through a well-formed anus about three-fourths of an inch, when its further progress was arrested. An examination with the finger confirmed the nature of the difficulty. There was a perfectly formed cul-de-sac, the fundus of which was firm, and resisted all the force deemed advisable to use. Its depth was not far from three-fourths of an inch. After careful consideration of the case and the different ordinary procedures, Dr. S. determined to employ a blunt-pointed instrument, trusting to the strength of the fibrous coat of the intestine to retain the instrument within its walls, if there were any; and, in case there were none, it could not fail to reach the pouch above as safely and as surely as a cutting instrument.

Accordingly having prepared himself with a number of bougies, to meet any contingencies, he says: "I first attempted the passage with a No. 12 English bougie; but after using as much force as I deemed safe for fear of transverse laceration of the gut, I next introduced a conical-pointed wax bougie of the size of about No. 6, and pushed it in the direction where I ought to find the upper portion of the rectum. This was carried up about two inches, or until resistance ceased. On withdrawing the instrument, only the colour of the meconium on its point showed that I had accomplished the object. I then introduced the larger bougie, which had failed before, and carried it up in the track of the smaller one, and, upon withdrawing it, I had the satisfaction of seeing a discharge of about four ounces of meconium with flatus. The passage was further distended by larger instruments, until a free passage was afforded. No further treatment was found necessary. The vomiting ceased and the child rallied from a condition so low as to give no sign of pain during the operation. Some months afterward defecation was difficult, but not sufficiently so to warrant interference, and when three years old it entirely disappeared.

Catalogue of the United States Army Medical Museum.—In a notice of this catalogue in the *Med. Times and Gazette* (Sept. 26, 1868) the reviewer remarks: "Never before has a government devoted itself with so much zeal and with such liberality to the advancement of medicine and surgery. We have already noticed from time to time the very admirable reports which have issued from the Surgeon-General's Office at Washington, and from the Sanitary Commission, and we have now before us the catalogue of the Army Medical Museum, a rich storehouse of facts, which is unsurpassed, and probably unequalled, in Europe. The arrangement and classification of the subjects reflect the highest credit upon the officers of the Museum, and especially upon Assistant Surgeon Woodhull, who has undertaken the arduous duties of editor. When we inform our readers that the catalogue forms a ponderous quarto volume, containing nearly 1000 pages, they will appreciate the labour involved in its production, and the impossibility of doing more

than merely indicating the general character of the contents in the limits of a review."

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Detroit Medical College.—This is the title of a new medical college recently organized at Detroit, Michigan. The faculty consists of Edward W. Jenks, M.D., Prof. of Obstetrics and Diseases of Women and Children; Theodore A. McGraw, M. D., Professor of Principles and Practice of Surgery and Clinical Surgery; Geo. P. Andrews, M. D., Professor of Principles and Practice of Medicine and Microscopy; Samuel P. Duffield, Ph.D., M. D., Professor of Chemistry and Toxicology; C. B. Gilbert, M.D., Professor of Materia Medica and Therapeutics; Wm. H. Lathrop, M.D., Professor of Physiology and General Pathology; J. F. Noyes, M. D., Professor of Ophthalmology; N. W. Weber, M. D., Professor of General and Descriptive Anatomy; J. M. Bigelow, M. D., Professor of Medical Botany; P. P. Gilmartin, M. D., Adjunct Professor of Obstetrics and Lecturer on Medical Jurisprudence; H. O. Walker, M. D., Demonstrator of Anatomy.

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The Medical Bulletin.—This is the title of a bi-monthly journal published in Baltimore under the editorial direction of Dr. Edward Warren, of which the first number was issued on the 16th of November last. Each number contains eight pages in small folio form. We shall be pleased to enter it on our exchange list, and wish it success.

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Obituary.—Died, in Providence, R. I., Dec. 19, 1868, aged eighty years, Usher Parsons, M. D. Doctor P. was the last survivor of Commodore Perry's officers at the battle of Lake Erie. He was one of the founders of the American Medical Association, and during its early years a constant attendant at its meetings. He was the author of several medical works and a contributor to various medical journals.

FOREIGN INTELLIGENCE.

Cardiac Neuralgia.—Dr. Anstie read a paper at the late meeting of the British Medical Association at Oxford, in which he endeavoured to prove that the essential pathology in a whole group of cases which exhibit more or less typically the features of what is known as angina pectoris, are *neurotic;* and that the very various cardiac and vascular lesions which are found in different cases are but accidents and complications. A system of treatment based on this principle proves greatly more successful than any other: the two remedies which have yielded him the best *permanent* results are arsenic given by the stomach or by inhalation, and strychnia subcutaneously injected in doses of from $\frac{1}{120}$ to $\frac{1}{60}$ grains. The benefit produced by these remedies is very remarkable. The best palliative for the actual attacks is ether, in teaspoonful doses. —*The Practitioner*, Oct. 1868.

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Peroxide of Hydrogen in Diabetes.—Dr. B. W. Richardson, in a recent interesting lecture (*Medical Times and Gazette*, Dec. 12), stated that he had used this article in eleven cases of diabetes, and regretted to say that "at this moment there is no proof that the peroxide of hydrogen is of specific value in the treatment of diabetes."

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Bromide of Potassium for the Sleeplessness of Infants.—M. Moutard-Martin has communicated to the French Academy of Medicine a memoir on "Some Applications of the Bromide of Potassium to the Medicine of Young Infants." Every one, he observes, admits the possession of sedative properties by the bromide, and in this direction it has become one of the most useful substances in the Materia Medica. Bearing in mind its hyposthenic action in erethism of the nervous system, and its innocuity, even in large doses, he believed that it might be employed with advantage in some of the pathological conditions of very young children. Among these sleeplessness, alike mischievous to the infant and wearying to the nurse, is one of very common occurrence. The child does not seem otherwise ill, but has a very great insufficiency of sleep both by day and night, or only at night. Where a great variety of means has failed to remove this sleeplessness, the bromide succeeds in a remarkable manner, and M. Moutard-Martin adduces in his paper several cases in proof. His conclusions are—1. The bromide of potassium given in small doses (from five to twenty centigrammes) is very well tolerated by young infants. 2. By its sedative action it cures *insomnia* in these cases. 3. Administered to infants suffering from the accidents of dentition, such as restlessness,

insomnia, cough, etc., it frequently relieves these; and it is probable that its employment, regulated with prudence, would sometimes prevent the occurrence of convulsions. 4. It should not be administered to infants when suffering from diarrhœa. 5. In certain exceptional cases in which the nervous erethism is predominant, its action is prompt and decisive.—*Medical Times and Gazette*, Dec. 12, 1868.

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On Phosphorized Oil.—M. C. Méhu writes upon the above subject in the *Journal de Pharmacie et de Chimie*. The oil is used in paralysis and other diseases. M. Méhu says that the preparation of the French codex (*Huile Phosphorée*) is a bad preparation; both uncertain in its composition and changeable.

One of the causes of this instability is the impurities in the almond oil. He, therefore, heats the oil in a porcelain capsule during one-fourth of an hour to a temperature of 150°, and finally to a temperature of 200 to 250° for six minutes.

It gives off the vapour of water and certain organic substances easily alterable; at the same time the oil becomes completely blanched. It is only necessary to filter it.

One centigramme of phosphorus is then placed in a flask, and a gramme of oil, prepared as above, is added.

The phosphorus must be quite transparent, and free from red or opaque phosphorus. The flask is placed upon a salt-water bath, and the mouth opened once or twice, to allow the heated air to escape, and finally the temperature is raised to 80 or 90° C. without shaking; the flask is then closed and shaken violently, until all the phosphorus is dissolved. The phosphorus is not deposited again on cooling.

The oil at 1-100 is phosphorescent when the flask is open; the space filled with air exhibits a magnificent phosphorescent cloud, and the vapour of phosphorous acid is formed.

An oil which does not contain more than two grammes of phosphorus for 1000 does not shine in the dark, and the vessel is no longer filled with white clouds of phosphorous acid.

Such an oil is preferable for daily use to one which is undergoing a partial alteration each time it is opened.

The phosphorescence of any oil is a sign of its alteration in the air. If, however, a few drops of ether are added to the oil, the faculty of shining in the dark is instantly stopped. Sulphide of carbon and turpentine possess this property, but essences of thyme, rosemary, and mint, and alcohol do not possess it. The vapour of ether alone is quite sufficient to stop the phosphorescence.—*Med. Press and Circular*, Sept. 2, 1868.

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Therapeutic Value of Olive Oil.—At the last meeting of the Harveian Society Dr. Ramskill read a paper on the Therapeutic Value of Olive Oil. The paper consisted of a history of two cases of gout, which he considered types of the kind of disease, and especially as to the stage of it in which the internal administration of olive oil was most useful. The first type was presented by a patient affected with apparently acute attacks, reappearing with very short intervals, and making little or no way towards convalescence. Bark, quinine, iron, had frequently failed to prevent a reappearance of the disease. Cod-liver oil was rarely borne at all. In such cases, olive oil, given when the patient lapsed in the interval, had answered all the requirements of the case in Dr. Ramskill's hands. Nutrition began to improve, and no more relapses occurred. The second case was a type, also, of a class of cases, where, all acute symptoms having long subsided, vague and uneasy pain remained in all the joints—associated only with stiffness or difficulty and pain on movement. The general health meanwhile slowly deteriorated, with much general wasting; and no impression could be made on the system by the usual tonics. Here the use of olive oil was more quickly beneficial; but it often seemed to act as a hæmatogen. In true rheumatoid arthritis, the use of the oil was perhaps more beneficial than most ordinary remedies; but Dr. Ramskill could make no assertion as to the favourable action of any single remedy on this disease. The dose of olive-oil should not exceed a teaspoonful at the commencement; it should be gradually increased, until a laxative effect announced the attainment of such a dose as exceeded the absorbent power of the stomach and intestines. Any vehicle containing a few drops of sulphuric ether would then help to assimilate the oil, and prevent diarrhœa. It was important to obtain perfectly fresh and new oil, to insure absence of rancidity, and consequent eructations and disorder of

the stomach. Dr. Ramskill considered the remedy as a combination of food and physic; but still one unattainable by ordinary food and medicine. It was important to begin its administration when the patient was free from acute attacks, or, at least, from fever. The passage of pale urine, or of greenish-yellow urine, that suggesting oxaluria, was an indication for its use, especially if accompanied by hypochondriasis, general *malaise*, and weariness and aching of joints. Dr. Ramskill said he had found great benefit from the use of olive oil at the Hospital for Paralysis and Epilepsy, especially in cases of lead-poisoning, after the acute symptoms, such as colic, had subsided; always in the malnutrition accompanying paralysis of the extensors of the hands; also, in Cruveilhier's atrophy; and in epilepsy, associated with great cachexia. In all these conditions, supposing cod-liver oil disagreeing, and therefore inadmissible. —*Brit. Med. Journal*, Dec. 12, 1868.

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Digitalis in Delirium Tremens.—G. E. Gascoigne, Assist. Surg. Royal Artillery, in a paper in *Brit. Med. Journal*, Aug. 29, relates five cases of delirium tremens treated by digitalis, and states that the advantages of digitalis in this disease are: a tonic action on the heart, a sedative on the nervous system, a rapid induction of sleep and cessation of delirium. "I have now," he says, "treated eleven cases of delirium tremens with tincture of digitalis, and with uniform success. The smallest quantity required has been four drachms, and the greatest twenty-eight drachms. This last was taken in thirty-three hours by a man in Canada; the only effect was that he was bathed in warm perspiration and slept soundly for two days and nights, with the exception of waking up about every six hours to drink beef-tea. This was the worst case of delirium tremens I have ever seen. It required the united efforts of eight strong men to keep the patient from injuring himself. It was the second attack in six weeks. I have always remarked that the disease supervening after hard spirit-drinking is extremely severe, and requires more treatment.

"Although I have never found any bad results from the medicine, I invariably examine the patient before repeating the dose, as poisoning is possible. This, without doubt, occurred five or six years ago to a patient who was ordered four drachms of the mixture every two hours, and very shortly after taking the third dose died, with all the symptoms of poisoning. Therefore, if this treatment be decided on, I would strongly recommend that the patient be carefully watched. I feel perfectly convinced as to its value, even if we consider only the shortening of the disease, this treatment only requiring from one to three days at the most; whereas the old modes require from three to fifteen days to combat the disease. I might add that I never give a drop of either wine, spirits, or beer, for I consider it is only adding fuel to the flame; but I allow as much beef-tea as the patient can take, or meat if it is fancied."

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Sleep Disease.—M. Dumoutier, who has served on the west coast of Africa and at Martinique as a government commissioner for the negro emigration, communicates to the *Gazette des Hôpitaux* (October 13) an account of the affection vulgarly termed the sleep disease (*maladie du sommeil*), on which he says little has been written. It affects only the negroes of the west coast, and chiefly those of the territories of the Gaboon and the Congo, becoming more and more rare as we advance towards the north. The first observable circumstance in these patients is an irresistible tendency to sleep, the torpidity being unaccompanied by any suffering. There is also a weakness of the limbs, so that their walking becomes vacillating, and the tactile sensibility seems perverted, as they are hardly able to lay hold of any object to assist them. During this sleep the urine and feces escape involuntarily. The intellect continues clear, the respiration is normal, and the digestion regular. It would seem that the disease is rarely met with except among the slaves or captives brought from the interior. We are aware of the cruelty of the sufferings they there have to endure at the hands of those into whose power they have fallen; and excessive labour, insufficient food, cruel usage, and moral suffering and despair may serve to lead to this description of slow progressive paralysis and fatal sleep, which always end in death. In one of the cases that came under M. Dumoutier's care, he exhibited strychnia and tonics, endeavouring at the same time to dissipate the disposition to nostalgia by amusements and diversion of thought. For two or three days a slight

improvement ensued, but the patient then relapsed into the same state and died. In another case electricity was tried with no better result. At the autopsy neither the brain nor spinal marrow nor their membranes exhibited anything abnormal.—*Med. Times and Gaz.*, Oct. 24, 1868.

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Forcible Dilation of Urethra.—On the occasion of M. Ricord's laying before the Academy of Medicine of Paris, in the name of its inventor, a new "divulsor" for the treatment of stricture of the urethra, M. Chassaignac expressed his surprise at the indulgence shown towards such instruments calculated to exert violence on the urethra. These plans of treatment are always revived every few years with the same hopes, to be followed by the same disappointments. For his part, he protested, in the name of true surgery, against these panaceas for stricture, and he thought that M. Ricord should rather strive against their introduction than admit them from mere complaisance to their inventors. One author states that he has cured in this way 550 strictures, while hospital surgeons in the highest repute do not see a tenth of this number. All these sudden violences done to the urethra are dangerous, and resort to them is the more unjustifiable because strictures are so easily and effectually treated by slow and progressive dilatation. It is only in those very rare instances in which a bougie of the smallest size cannot be introduced, and where it has become necessary to empty the bladder, that such dangerous procedures should be allowed. M. Ricord, so far from objecting to M. Chassaignac's remarks, stated that he quite agreed in their justice. He merely presented the instrument out of politeness to the inventor. He had never tried it, and would fear to use it; yet to Mr. Holt's success in this kind of procedure we must add that of M. Voillemier and others. It must resemble the *coup de marteau* employed by Heurteloup, which, in a case to which M. Ricord was called, was followed by dangerous hemorrhage.—*Med. Times and Gaz.*, Nov. 7, 1868.

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Protoxide of Nitrogen as an Anæsthetic.—The Joint Committee of the Odontological Society and of the Dental Hospital of London, appointed to inquire into the value of this agent in surgical operations, in a preliminary report thus enumerate the conclusions arrived at, founded on 1380 cases watched and carefully reported on by the various members of the Committee, and on 1051 reported to them on trustworthy authority, as to the advantages and disadvantages of the gas. The advantages are, shortly, these: the rapidity of its effects in producing anæsthesia, the shortest time being twenty-five seconds; rapidity in recovery; its agreeable nature; its being tasteless and less irritating; almost entire freedom from nausea and vomiting, occurring in less than 1 per cent.; absence of headache and vertigo, as a general rule, after complete recovery from the anæsthesia. The disadvantages are noted as consisting in its unsuitableness for long operations, on account of the rapidity of recovery; in the difficulty of making and transporting the gas, and also the expense of the agent; in its being troublesome to make, and requiring unusually complicated apparatus in its administration; in the undesirability of quick recovery in operations followed by much pain; in the administration being occasionally accompanied by twitchings which render it unsuitable for delicate operations.—*Brit. Med. Journal*, Dec. 12, 1868.

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Carbolic Acid and the Antiseptic Treatment in Surgery.—Dr. Kelburne King, (of Hull) at a recent meeting of the Medical Society of London, read a paper on the above subject. Modern science, he said, shows that suppuration is not a necessary process in wounds which do not heal by first intention, granulation can occur without suppuration; access of air is the most common cause of suppuration, not on account of the air itself, but the germs which are contained in it. Carbolic acid diminishes or annihilates suppurative action. The author employs (1) solution of carbolic acid, (2) carbolic oil, (proportion 1 to 4), (3) carbolic putty—*i. e.*, whiting added to carbolic oil to a desired consistence.

The author claimed for the treatment, 1. That decomposition of discharges is prevented. 2 That it enables those parts injured beyond redemption, to slough away without becoming foci for the reformation of pus. 3. That it exercises a control over the formation of pus in the centre of wounds. 4. That it diminishes the chances of blood-poisoning. 5 That it is of signal service to the patient himself, and to those sur-

rounding him, as all fetor is absolutely prevented.—*Med. Times and Gaz.*, Dec. 12, 1868.

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Central Perforation of the Perineum; Passage of the whole Fœtus through the Rent.—Professor Stolz, of Strasburg, has communicated this case to the Surgical Society of Paris. So rare are these cases that the Professor has seen only one example during a practice of forty years. The patient, aged twenty-seven, had severe pains, and when the head was on the point of passing the vulva, it retracted. A pupil midwife was supporting the perineum, when the head suddenly passed through the latter, and so rapidly that the whole child was born through the abnormal aperture. The child measured about seventeen inches, and weighed almost seven pounds. The rent was two and a half inches long. The fourchette was entire, and the internal sphincter also. The constrictor vaginæ was torn posteriorly, and likewise the inferior third of the vagina, with the corresponding recto-vaginal parietes. Some gangrene occurred, but on the twelfth day the wound looked well, and was contracting. On the thirtieth day the wound was getting smaller; the woman left the hospital, and was not heard of until one year after the accident (the summer of 1865), when she came to complain of procidentia uteri. The aperture was still visible, and somewhat occluded by the neck of the uterus. At that period the patient again disappeared, and the account of the case closes thus unsatisfactorily. How the woman was allowed to leave the hospital with the rent gaping, when it might have been so easily sewn up, can hardly be understood, unless she positively refused an operation. This supposition seems near the truth, as it is not said how, when she came a year afterwards, the hole was not proposed to be closed by sutures, and the uterus replaced. —*Lancet*, Dec. 12, 1868.

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Fracture by Ointment.—Mr. B. W. Switzer, Asst. Surg. 6th Punjaub Infantry, relates (*Med. Times and Gaz.*, Sept. 19, 1868) the following curious case. A Hindoo boy, aged about four years, was brought to him for treatment. On examination, the right humerus was found to present a uniform enlargement, from about three inches below the head to within two inches of the condyles, tapering above and below. The history of the case was that the boy had been running from something that frightened him, and fell heavily on his arm, sustaining a bad comminuted simple fracture through the whole extent of the middle third of the bone. Residing far from any surgical aid, his people simply let him alone, and this tumour was but nature's rough surgery. No trace of crepitus remained; it was from head to condyles one solid bone. Such was his state eight months after the accident. Mr. S. was at a loss what to do; he allowed the boy to run about, and his general health improved, and finally, for the sake of doing something, he ordered him an ointment containing 100 grains of iodide of potassium and 10 grains of iodine to an ounce of lard, to be rubbed into the tumour twice a day; he was also to take internally a grain of the iodide twice daily. After treatment of this kind for about three weeks, on examining the arm crepitus was detected and the tumour found, like an iceberg in summer, rapidly breaking up in every direction. Finally all the callus was absorbed and the fragments left movable. All medicine was then stopped, and the bone properly set in splints. He made a capital recovery, callus being again thrown out; and the fragments re-united in their proper places.

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Pathological Fungology.—At the recent meeting of the British Association the president of the Biological Section, the Rev. M. J. Berkeley, one of the best cryptogamists in Britain, remarked in regard to Hallier's investigations that:—

"It is quite possible that certain fungi may occur constantly in substances of a certain chemical or molecular constitution, but this may be merely a case of effect instead of cause. Besides, as I conceive, the only safe way of ascertaining what really originates from such bodies as those which Hallier terms micrococci, or the larger ones commonly called yeast globules, is to isolate one or two in a closed cell so constructed that a pellicle of air, if I may so term it, surrounds the globule of fluid containing the bodies in question, into which they may send out their proper fruit—a method which was successful in the case of yeast, which consists of more than one fungus, and of the little Sclerotium, like grains of gunpowder, which is so common on onions. Any one who

follows the growth of moulds on moist substances, and at different depths, as paste of wheat or rice flour, will see that numberless different modifications are assumed in different parts of the matrix, without, however, a perfect identification with fungi of other genera. Some of these will be seen in the figures I have given in the *Intellectual Observer* of different forms assumed by the moulds to which that formidable disease, the fungus foot of India, owes its origin. This is quite a different order of facts, from the several conditions assumed by the coniidiferous state of some of the vesiculiferous moulds. As for example, Botrytis Jonesii, which has been ascertained to be a conidiiferous state of Mucor mucedo, while two forms of fruit occur of the same mould in what is called Ascophora elegans; or the still more marvellous modification which some of the Mucors undergo when grown in water, and evinced by some of the Saprolegniæ, the connection of which was inculcated by Carus some fifty years ago, but which has never been fully investigated."

In respect to Hallier's researches on the fungoid organizations found in cholera evacuations, Mr. Berkeley further observes:—

"When Hallier intimates that he has raised from cholera evacuations such a parasite as Urocystis occulta, he should have been content with stating that a form of fructification occurred resembling but not identical with, that fungus. Indeed a comparison with authentic specimens of that species, published by Rabenhorst, under the generic name of Ustilago, shows that it is something very different, and yet the notion of cholera being derived from some parasite on the rice plant rests very much on the occurrence of this form. But even supposing that some Urocystis (or Polycystis, as the genus is more commonly named) was produced from cholera evacuations, there is not a particle of evidence to connect this with the rice plant. In the enormous collections transmitted by Dr. Curtis from the Southern United States, amounting to 7000 specimens, there is not a single specimen of rice with any endophytic fungus, and it is the same with collections from the East. Mr. Thwaites has made very diligent search, and, employed others in collecting any fungi which may occur on rice, and has found nothing more than a small superficial fungus nearly allied to Cladosporium herbarum, sullying the glumes exactly as that cosmopolitian mould stains our cereals in damp weather. Rice is occasionlly ergoted, but I can find no other trace of fungi on the grains. Again, when he talks of Tilletia, or the wheat bunt, being derived from the east—supposing wheat to be a plant of eastern origin—there is no evidence to bear out the assertion, as it occurs on various European grasses; and there is a distinct species which preys on wheat in North Carolina, which is totally unknown in the Old World."

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Parasites of Infectious Diseases.—Prof. HALLIER, of Jena, read a paper on this subject before the Annual Congress of German Naturalists and Physicians, which met in Dresden, in September last. He said that it was Böhm, who, thirty years ago, first discovered minute organized beings in the intestines of cholera patients. This important observation, however, remained unnoticed for a considerable time. The minute organisms observed by Böhm belonged to the species of Bacteria and Vibrio, which had been known as far back as the last century, but had only been accurately examined by Ehrenberg, and which were by some zoologists classed amongst the Infusoria, while others placed them with the Algæ and Fungi. Quite recently a number of observers had commenced to investigate their origin and their conditions of life, because the fact of their being found in fermenting and putrid substances, as well as in pathological liquids, had invested them with a considerable degree of interest. It had been too much the custom in former times, as soon as any such formations were observed, to make immediately a number of species and genera of them, without investigating at all the origin of these minute organisms. It had now been shown that they were nothing but lower grades of development of higher classes of fungi. In sixteen infectious diseases the presence of a peculiar and characteristic fungus had now been demonstrated—viz., in cholera, typhoid fever, typhus, measles, dysentery, and certain diseases of the domesticated animals. Whether the parasite was the actual cause of the pathological process could at present not be made out with any degree of certainty; but the fact that certain peculiar forms of parasites were invariably present in certain diseases was no doubt most

significant. In the disease of the silkworm it had been irrefutably proved that, in spite of numerous conditions favouring the tendency to the development of the disease, the parasite itself was the sole and exclusive cause of it, and that not only the hereditary transmission, but also the epidemic character of the complaint, was entirely dependent upon the presence of the parasite.—*Med. Times and Gaz.*, Oct. 31, 1868.

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Voltolini's Laryngoscopy without Mirror.—This physician has published an article in the *Berlin Med. Woch.*, wherein he shows that the epiglottis and the interior of the thyroid body can be seen and acted upon, without a mirror, in the following manner: Do not press down the tongue with a spatula, which measure is likely to obscure the parts, but hold the tongue firmly out of the mouth; push up the thyroid cartilage externally with the fingers of the hand which keeps the tongue steady, and with a little appropriate instrument press the epiglottis forwards. The author maintains that in this wise he saw the thyroid cartilage, and thinks that, with a proper patient, the interior of the thyroid body could be explored. Dr. Voltolini alludes to a case of a gentleman aged fifty-six, in which Dr. Middeldorpf, who had requested the author's assistance, succeeded in removing a polypus, the size of half a pigeon's egg, from the walls of the pharynx, by means of the galvanic wire.—*Lancet*, Dec. 12, 1868.

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Poisoning by Nicotine.—M. Tardieu asserts the curious circumstance that animals killed by this poison always fall down on the right side.

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Occlusion of Hydrogen by Metals.—The master of the mint has applied this term to the absorption of gases by what he terms colloid metals.

A new method of charging the metals with hydrogen at low temperatures has lately been discovered by him.

When a plate of zinc is placed in diluted sulphuric acid hydrogen gas is freely evolved from the surface of the metal; but no hydrogen is occluded and retained. A negative result was, indeed, to be expected from the crystalline structure of zinc. But a thin plate of palladium in the same acid, and brought into contact with the zinc, soon becomes largely charged with the hydrogen, which is transferred to its surface. The charge taken up in an hour by a palladium plate amounted to 173 times its volume.

Although the hydrogen enters the palladium, and no doubt pervades the whole mass of the metal, it exhibits no disposition to leave that substance even in a vacuum at the temperature of its absorption. Occluded hydrogen is therefore no longer a gas, whatever may be thought of its physical condition. When palladium charged with hydrogen is left exposed to the atmosphere, the metal is apt to become suddenly hot, and to lose its gas entirely by spontaneous oxidation.

The condition of hydrogen, as occluded by a colloid metal, may be studied with most advantage in its union with palladium, where the proportion of gas held is considerable. The largest absorption of hydrogen observed was in the case of palladium thrown down upon a thin platinum wire by electric deposition. Such a specimen of metal occluded 982 times its volume of hydrogen, or by weight—

Palladium, 99.277
.723

100.

or an approximation to the compound Pd H.

Professor Graham thinks that the passage of hydrogen through metals is always preceded by the condensation, or occlusion of the gas. The "solution affinity" of metals appears to be nearly confined to hydrogen and carbonic oxide; metals are not sensibly penetrated by other gases than these.—*Med. Press and Circular*, Sept. 2, 1868.

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Organic Synthesis.—From Germany we have chemical news of very great interest. Liebig's *Annalen*, the last number of which has just arrived in London, announces the fact that Linnemann has effected the direct transformation of the acids of the fatty series into corresponding alcohols (acetic acid, for instance, into common alcohol). It was accomplished by acting on the anhydrous acid with sodium-amalgam. This important discovery supplies the missing link required to pass step by step up the ladder, from the simplest alcohol (wood spirit) up to the highest, wax-alcohol.—*Brit. Med. Journal*, Dec. 12, 1868.

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The Stains of Iodine.—Add a few drops of liquid carbolic acid to the iodine tincture,

and the latter will not stain. Dr. Boga, of the Indian Service, states that the carbolic acid, besides the above-mentioned property, renders the efficacy of tincture of iodine more certain. Whenever injections of the latter are indicated, he advises the following formula: Alcoholic tincture of iodine, one ounce (this proportion is mentioned by the *France Médicale*, but there is evidently a mistake—instead of "30 grammes" it should probably be "3 grammes,"—viz., 45 drops); pure liquid carbolic acid, six drops; glycerine, one ounce; distilled water, five ounces. This is said to be far superior to tar-water in blennorrhœa and leucorrhœa.—*Lancet*, Dec. 12, 1868.

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Secondary Effects of the Viper's Venom.—Messrs. CHERON and GOUJON communicated to the Academy of Sciences of Paris, at a late meeting a very interesting experiment. The ear of a healthy rabbit was subjected to the bite of a viper, and the former died thirty hours afterwards. From the œdematous soft parts around the bitten spot as much as from two ounces to two ounces and a half of serum was easily obtained. It emitted much fetor, was coloured red by blood-disks, and contained a few white globules. It did not coagulate by nitric acid or heat. About half a drachm of this fluid was injected under the skin of another healthy rabbit. One hour and a half afterwards the animal was found to present a cold surface; it walked lame, and half an hour afterwards it died, during severe convulsions. The result of this experiment would show some analogy between venom and virus. It is a pity the gentlemen above named did not inject under the skin of a healthy animal the blood of the first rabbit, and especially that of the second; the result would have shown in what ratio the mass of the blood becomes contaminated. Nor should future experimentalists omit, under the same circumstances, to go on inoculating to the fourth or fifth generation, in order to find out whether the fluids retain the same contaminating power, or whether this power diminishes by successive transmissions.—*Lancet*, Dec. 12, 1868.

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Poisonous Socks.—On Tuesday, a Mr. Webber brought under the notice of the sitting alderman at Guildhall the fact that the dye used in some of the gorgeous socks and other underclothing displayed in the windows of some of the metropolitan hosiers exercise a very deleterious influence upon the skins of the wearers; producing irritation and an eruption, and leading, if persisted in, to actual sores. This statement, though sufficiently startling, is not absolutely novel. Last year during the time of the performance of the "Doge of Venice" at Drury Lane Theatre, one of the *danseuses* applied to one of the metropolitan hospitals with an anomalous eruption affecting one foot and exactly those parts which are covered by an ordinary dancing shoe. It was immediately perceived that the heat of the foot, where covered by the shoe, acted upon the dye of the stocking—which the patient stated was of a brilliant red color—and thus affected the skin; but the absolute immunity of the opposite foot was not readily intelligible, until the fact was arrived at that the exigencies of the ballet necessitated another colour on the other limb. In this instance it appeared that other performers who wore white hose beneath their coloured garments escaped all injury; and the patient's skin recovered its normal condition shortly after adopting this plan.—*Lancet*, Oct. 3, 1868.

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Adulterated Honey.—According to a short notice in the *Chemist and Druggist*, there are at present in Germany, itinerant dealers in so-called Swiss-land honey. This substance finds a large number of purchasers on account of its fine taste and beautiful appearance, while, instead of being real honey, it is simply starch converted into sugar by means of sulphuric acid. It may be detected by means of the presence of sulphuric acid therein, viz., in the shape of sulphate of lime or gypsum; its use, of course, is perfectly harmless, but it is not honey, nor does it contain any at all. As this trick is quite likely to be imported into this country, dealers had better be on their guard.—*British Med. Journ.*, Dec. 5, 1868.

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Adulteration with Lead of Culinary Vessels.—It is stated that a report has been published on the tin and tinned vessels used in the military hospitals in France, and that the metal used for tinning was found to contain from 25 to 50 per cent. of lead. In vessels reputedly made of pure tin, the commissioner found, in some cases, as much as 15 per cent. of lead. Such proportions

are dangerous to health. The same adulration is said to prevail extensively in reat Britain.

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Danger of Meddling with Lunatics.—It will be seen from the following remarks, which we copy from a very late number of the *Medical Times and Gazette* (Dec. 12), that in England as well as in this country legal difficulties have been interposed in the way of placing lunatics in hospitals for the insane, which subjects physicians to an extent of responsibility calculated to frustrate the purposes of philanthropy and defeat the ends of justice:—

"The perils of taking any responsibility in the case of lunatics are decidedly on the increase. In the late case of Johnstone *versus* Cotham, in which one clergyman brought an action against another for falsely imprisoning him as a lunatic, it was Chief Justice Cockburn who protected the defendant from swingeing damages, by a summing up so lucid and fair that it was impossible to find a verdict in the teeth of it; yet even this able judge commented on the manner in which the removal to an asylum was conducted, and the jury 'strongly disapproved it.' So that a man who takes the responsibility of putting a lunatic into a place of safety may have the agony and expense of a lawsuit if he errs in the *manner* of his proceedings—just as if lunatics were to be always submitted to two medical examinations, and then to be inveigled to an asylum easily and quietly. As things are now, lunatics are liable to go on from bad to worse, because no one cares to take the responsibility, and it is quite time that that should be put upon the shoulders of official persons, who would be protected in the discharge of their duties.

"In the year 1867 the number of lunatics in various asylums in England and Wales was 31,917, of which one-third, or 10,488, were newly admitted. Of these 1125 were admitted into metropolitan licensed houses—that is, private establishments—and 853 into provincial houses. Now, we believe that the officials of all public lunatic establishments are quite above all suspicion of mismanagement and interested motives. If actions are brought, they are with reference to private asylums. The number admitted into private asylums was 1978 in the year, or between five and six daily over the country, or four a day in and about London. Now, what we propose is, that the question of the fact of lunacy, and the manner of removal to an asylum, shall not, as now, be decided by a friend (if one can be found to take the responsibility), aided by two legally qualified practitioners, but by one of a staff of medical commissioners, who must be accessible at all hours, and visit any patient they may be called to before the final step is taken—in fact, that the visit of a lunacy commissioner should take place before committal to an asylum, instead of afterwards, as at present. At all events, this course ought to be left to the option of the friends. Otherwise, as things now are, the safest course is to declare the lunatic chargeable to the parish, and throw the onus on the parish authorities."

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Criminal Poisoning by Atropia.—A case is about to occupy the tribunals of Geneva which bids fair to be a *cause célèbre*. Mademoiselle J. stands charged with causing the death of several persons by means of the sulphate of atropia, which she obtained in the form of a collyrium by the pretext of consulting various practitioners for disease of her eyes. Her pupils were habitually dilated, and she wore green spectacles. She had visited various cantons offering her services as a nurse to doctors, or whoever had need of such a person, and carried about with her the names and addresses of some of the most influential persons in Switzerland. She was very assiduous in her attendance upon all those who were consigned to her care; and her conversation, knowledge, and long experience imposed upon even the most experienced persons. At Geneva, however, after several of her patients dying, suspicion was aroused, and she was carefully watched, especially by Dr. Rapin, one of whose relations was among the number of her victims. At a boarding-house where she gained admission several persons died, and one morning, the inmates were startled by finding an unknown hand had conveyed its warning by placarding at the door these ominous words: *Ceux qui entrent ici n'en sortent pas.* The public became alarmed, and suspicions were more and more pointed at J., who had become very dexterous in persuading her victims not to seek for medical advice. At last one of them, a young German governess, to whom she had given some atropia, was brought to the hospital, having all the

symptoms of poisoning by atropia, great dilatation of the pupils being especially remarkable. She recovered, and stated that Mademoiselle J., while professing to instruct her in French, gave her from time to time some fluid to drink, saying it was *kirschenwasser*. Mademoiselle J. has been arrested and awaits her trial. Several phials containing atropia were found at her residence, and seven bodies have been exhumed and submitted to medico-legal investigation, with the result of the discovery of atropia and other poisons. (Since the above was written, the prisoner has confessed, and been condemned to penal servitude, notwithstanding the plea of insanity.)—*Med. Times and Gaz.*, Dec. 5, 1868.

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Silkworm Disease.—M. PASTEUR has been making some fresh observations in silkworm disease. He thinks that the entophitic growths are favoured by bad digestion. M. Pasteur reduced a quantity of mulberry leaves to pulp with water, and found in a few hours that fungi identical with those found in the silkworm were present.—*Lancet*, July 25, 1868.

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Dublin Quarterly Journal of Medical Science.—Dr. G. H. KIDD, who has successfully and ably edited this Journal for the past seven years, retires, and is succeeded by Dr. JAMES LITTLE, who has been for some years a frequent and valuable contributor to its pages.

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Moorfield's Ophthalmic Hospital.—Mr. DIXON, after twenty-five years' service, has resigned as Surgeon to this Institution, and is succeeded by Mr. STREATFEILD.

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Baron James de Rothschild.—This great financier had much to do with our profession. Dupuytren owed to him a great part of the large fortune which he left his daughter. The great surgeon treated the great financier for a fractured thigh, and Rothschild paid him 100,000 fr. for his attendance. Moreover, Dupuytren left his fee in his patient's bank, where it multiplied enormously by participating in the good fortune of a house that never knew reverses. To the 5,000,000 fr. which Dupuytren left, Rothschild's 100,000 fr. contributed not a trifle. Dupuytren knew this well, and was terribly mortified when he learned that Astley Cooper had left a fortune of 11,000,000 fr., the whole of it acquired by practice. M. Rayer was until his death the physician as well as the friend of the Baron, who persuaded him to buy, when it could be had at a low figure, the beautiful Hotel of the Rue de Londres, which has since quadrupled in value. Rothschild has been the efficient patron of many of our *confrères*, especially those of his own persuasion, MM. Mandl and Gruby among others. In his later years he fell into the hands of the homœopathists. The Paris sight-seeing public has been terribly disappointed at not seeing the splendid funeral procession it expected. It was of the humblest kind; but that this has not resulted from parsimony the liberalities which have been showered upon the poor of Paris by the Baron's widow testify.—*Med. Times and Gaz.*, Nov. 28, 1868, from *Union Médicale.*

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OBITUARY RECORD.—Died, of iliac abscess, at Berlin, Oct. 28, 1868, Prof. GRIESINGER, well known by his work on "Mental Diseases."

—— at Florence, Nov. 27, in the fiftieth year of his age, Dr. PALAMEDESSI, Professor of Surgery, at the Hospital of Santa Maria Nuova. He was a brilliant operator and highly valued by his professional brethren and the students.

—— recently, at Marseilles, Dr. Antoine-Barthélemy Clot-Bey, aged 75. He will be remembered by some of the elder members of the profession as having held a very high position in the Egyptian Military Service, and as having acquired a well-merited reputation by his success in the establishment of medical instruction in Egypt; he founded the Medical School at Alexandria, and received the title of Bey from Mohamet-Ali, and was made commander of the Legion of Honor by the French Government. During the last ten years he has been living in retirement in France.

—— at Baden, on the 29th of August, 1868, the eminent chemical philosopher, CHRISTIAN FREDERICK SCHONBEIN, in consequence of carbuncle, at the age of sixty-nine. The deceased is well known as the discoverer of ozone, gun-cotton, etc.

—— In London, July 29th, JOHN ELLIOTSON, M. D., aged 76. Dr. E. at one time held a very prominent place in the profession, but unhappily, about thirty years since, he became a strenuous advocate of a prominent delusion of the day, mesmerism—and he has since been dead to legitimate medicine.

DUNGLISON'S MEDICAL DICTIONARY.

MEDICAL LEXICON. A DICTIONARY OF MEDICAL SCIENCE: Containing a concise explanation of the various Subjects and Terms of Anatomy, Physiology, Pathology, Hygiene, Therapeutics, Pharmacology, Pharmacy, Surgery, Obstetrics, Medical Jurisprudence, and Dentistry. Notices of Climate and of Mineral Waters; Formulæ for Officinal, Empirical, and Dietetic Preparations; with the Accentuation and Etymology of the Terms, and the French and other Synonymes; so as to constitute a French as well as English Medical Lexicon. By ROBLEY DUNGLISON, M. D., Professor of Institutes of Medicine in Jefferson Medical College, Philadelphia. Thoroughly Revised, and very greatly Modified and Augmented. In one very large and handsome royal octavo volume of 1048 double columned pages, in small type; strongly done up in extra cloth, $6 00; leather, raised bands, $6 75.

The object of the author from the outset has not been to make the work a mere lexicon or dictionary of terms, but to afford, under each, a condensed view of its various medical relations, and thus to render the work an epitome of the existing condition of medical science. Starting with this view, the immense demand which has existed for the work has enabled him, in repeated revisions, to augment its completeness and usefulness, until at length it has attained the position of a recognized and standard authority wherever the language is spoken. The mechanical execution of this edition will be found greatly superior to that of previous impressions. By enlarging the size of the volume to a royal octavo, and by the employment of a small but clear type, on extra fine paper, the additions have been incorporated without materially increasing the bulk of the volume, and the matter of two or three ordinary octavos has been compressed into the space of one not unhandy for consultation and reference.

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It would be mere waste of words in us to express our admiration of a work which is so universally and deservedly appreciated. The most admirable work of its kind in the English language. As a book of reference it is invaluable to the medical practitioner, and in every instance that we have turned over its pages for information we have been charmed by the clearness of language and the accuracy of detail with which each abounds. We can most cordially and confidently commend it to our readers.—*Glasgow Medical Journal*, Jan. 1866.

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